



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Harar Yusuf, M.D.

Respondent Name

State Office of Risk Management

MFDR Tracking Number

M4-17-2063-01

Carrier's Austin Representative

Box Number 45

MFDR Date Received

March 7, 2017

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "99456 W5 WP MMI = 350.00
Knee IR w/ ROM = 300.00
Hand IR = 150.00
Head IR = 150.00
Tooth IR = 150.00
Tailbone IR = 150.00
Total Paid = 950.00
Balance Due = 300.00"

Amount in Dispute: \$300.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The Office will reimburse pursuant to the aforementioned rule for the head contusion in the amount of \$150.00, however the Office will maintain our denial for the impairment rating reimbursement for the chipped tooth as there is no applicable chart or category in the AMA guides regarding the teeth."

Response Submitted by: State Office of Risk Management

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
August 31, 2016	Designated Doctor Examination	\$300.00	\$300.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.204 sets out the fee guidelines for division-specific services provided from March 1, 2008 until September 1, 2016.
3. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 309 – The charge for this procedure exceeds the fee schedule allowance.
 - P12 – Workers’ compensation jurisdictional fee schedule adjustment.
 - W3 – Additional payment made on appeal/reconsideration.
 - 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
 - 1014 – The attached billing has been re-evaluated at the request of the provider. Based on this re-evaluation, we find our original review to be correct. Therefore, no additional allowance appears to be warranted.

Issues

Is Harar Yusuf, M.D. eligible for additional reimbursement for the disputed services?

Findings

Dr. Yusuf is seeking an additional reimbursement of \$300.00 for a designated doctor examination to determine maximum medical improvement and impairment rating, performed on August 31, 2016. Per 28 Texas Administrative Code §134.204(j)(3), “The following applies for billing and reimbursement of an MMI evaluation... (C) An examining doctor, other than the treating doctor, shall bill using CPT Code 99456. Reimbursement shall be \$350.” The submitted documentation supports that Dr. Yusuf, acting as designated doctor, performed an evaluation of maximum medical improvement. Therefore, the reimbursement for this examination is \$350.00.

28 Texas Administrative Code §134.204(j)(4) states:

- (C) For musculoskeletal body areas, the examining doctor may bill for a maximum of three body areas.
 - (i) Musculoskeletal body areas are defined as follows:
 - (I) spine and pelvis;
 - (II) upper extremities and hands; and,
 - (III) lower extremities (including feet).
 - (ii) The MAR for musculoskeletal body areas shall be as follows:
 - (I) \$150 for each body area if the Diagnosis Related Estimates (DRE) method found in the AMA Guides 4th edition is used.
 - (II) If full physical evaluation, with range of motion, is performed:
 - (-a-) \$300 for the first musculoskeletal body area; and
 - (-b-) \$150 for each additional musculoskeletal body area.
- (D) ...
 - (i) Non-musculoskeletal body areas are defined as follows:
 - (I) body systems;
 - (II) body structures (including skin); and,
 - (III) mental and behavioral disorders.
 - (ii) For a complete list of body system and body structure non-musculoskeletal body areas, refer to the appropriate AMA Guides...
 - (v) The MAR for the assignment of an IR in a non-musculoskeletal body area shall be \$150.

Review of the submitted documentation finds that the requestor performed an impairment rating evaluation that included “bilateral knee hands, right arm, head, tailbone contusions; [and] chipped tooth.” In its position statement, State Office of Risk Management (SORM) said, “The Office will reimburse ... for the head contusion in the amount of \$150.00.” To date, no explanation of benefits has been submitted to the division to support this assertion.

SORM also stated that it will maintain its “denial for the impairment rating reimbursement for the chipped tooth as there is no applicable chart or category in the AMA guides regarding the teeth. The division finds that Chapter 9 of the AMA Guides addresses the oral region, which “consists of the mouth and lips, **teeth...**” (p. 9/230). Table 6, Section 9.3b *Mastication and Deglutition* relates to the act of eating. Review of the submitted documentation supports that Dr. Yusuf performed an evaluation of the tooth as it related to the injured employee’s ability to “chew and swallow.” SORM failed to support the denial of this body area.

Total reimbursement is calculated as follows:

Examination	AMA Chapter	§134.204 Category	Reimbursement Amount
Maximum Medical Improvement			\$350.00
IR: Bilateral Knees (ROM)	Musculoskeletal System	Lower Extremities	\$300.00
IR: Bilateral Hands (ROM)		Upper Extremities	\$150.00
IR: Tailbone Contusions		Spine & Pelvis	\$150.00
IR: Head	Nervous System	Body Systems	\$150.00
IR: Tooth	Ear, Nose, Throat, and Related Structures	Body Structures	\$150.00
Total MMI			\$350.00
Total IR			\$900.00
Total Exam			\$1,250.00

The total reimbursement for the disputed services is \$1,250.00. SORM reimbursed \$950.00. An additional reimbursement of \$300.00 is recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$300.00.

ORDER

Based on the submitted information, pursuant to Texas Labor Code Sec. 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services in dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$300.00, plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

<hr/> Signature	<hr/> Laurie Garnes Medical Fee Dispute Resolution Officer	<hr/> April 6, 2017 Date
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YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.